



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hahn,	Dale	C.	536-5688
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
84 N. King Street	Honolulu,	HI	96817
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			536-5688
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
84 N. King Street	Honolulu,	HI	96817

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
The Wine Institute			206-232-5171
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 3	Mercer Island,	WA	98040
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Dale Hahn</u>	<u>January 16, 2003</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Sydney A. Abrams		Government Affairs Mgr., Western States	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
The Wine Institute		206-232-5171	
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 3	Mercer Island,	WA	98040
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>			
<u>Sydney A. Abrams</u>		<u>Jan 21, 2003</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	